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Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

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OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	, 200			
Estimated averag	e burden			
hours per respons	se 16. <u>00</u>			

SEC USE ONLY					
Pretix	Serial				
DA	E RECEIVED				

UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Gulf South Holding, Inc. 2008 Stock Offering	<u> </u>
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing:	0.4.2008
A. BASIC IDENTIFICATION DATA	NOV 0 4 2008
Enter the information requested about the issuer	THOMSON REUTERS
	THOWISO IN THE
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Gulf South Holding, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
305 Baronne Street, Suite 700, New Orleans, Louisiana 70112	(504) 566-9802
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
(same as above) Brief Description of Business	
drilling and developing oil and gas wells	
diffiling and developing on and gas wens	
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	please sp 08063459
Actual or Estimated Date of Incorporation or Organization: Month Year	mated
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6)).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
•	•

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Since a determination of who is a promoter is a question of fact, the persons are listed on page 2 as promoters without admitting or denying such status. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Director General and/or Beneficial Owner Executive Officer Check Box(es) that Apply: Managing Partner Gulf South Holding, Inc. Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112 Business or Residence Address (Number and Street, City, State, Zip Code) ▼ Beneficial Owner Executive Officer Director \Box General and/or Check Box(es) that Apply: Promoter Managing Partner Mettz, David M. Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director General and/or Check Box(es) that Apply: ✓ Promoter Managing Partner Flanagan, Timothy J. Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer / Director General and/or Check Box(es) that Apply: ☑ Beneficial Owner Promoter Managing Partner Bories, Robert A. Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112 Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner O'Donnell, Terrence Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112 Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Check Box(es) that Apply: ✓ Promoter Executive Officer Director Managing Partner Seligman, Arthur Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112 Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Director Promoter Managing Partner Pinney, Reese B. Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

Since a determination of who is a promoter is a question of fact, the persons are listed on page 2 as promoters without admitting or denying such status. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Executive Officer ☐ Beneficial Owner ✓ Director П Check Box(es) that Apply: ✓ Promoter Managing Partner Brozowski, Gary Full Name (Last name first, if individual) 305 Baronne Street, Suite 700, New Orleans, Louisiana 70112 Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Executive Officer Director \Box General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Director ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Promoter Beneficial Owner Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner General and/or Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING														
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No •				
2.									\$_NA					
3.									Yes ⊯	No				
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	II Name (Last name	first, if indi	vidual)										
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	,						
Na	me of As	sociated Br	oker or Dea	aler										
Sta			Listed Has											
	(Check	"All States	" or check	individual	States)		*******	***************			***************************************	☐ All States		
	AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	
Ful	I Name (Last name	first, if indi	vidual)										
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)			· · · · · · · · · · · · · · · · · · ·				
Na	me of As	sociated Br	oker or Dea	aler	······································							-	·· •	
Sta			Listed Has											
	(Check	"All States	or check	indiviđual	States)	***************************************			**************			☐ All	States	
	AL IL MT	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	
Ful	ll Name (Last name	first, if indi	vidual)			·							
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)								States						
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price			unt Already Sold
	Debt	; 0	,	s 0	•
	Equity		_	s 0	
	☑ Common ☑ Preferred		_		
	Convertible Securities (including warrants)	; 0		s 0	
	Partnership Interests		_	s 0	
	Other (Specify)				
	Total		_	s 0	
	Answer also in Appendix, Column 3, if filing under ULOE.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	– '	»	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			A	aggregate
		Number Investors			ar Amount Purchases
	Accredited Investors	0	_	<u>\$_0</u>	
	Non-accredited Investors	0	_	<u>\$_0</u> _	
	Total (for filings under Rule 504 only)		_	\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Type of			lar Amount
	Type of Offering	Security			Sold
	Rule 505		-	\$	
	Regulation A		-	\$	
	Rule 504	<u> </u>	-	\$	
	Total	· · · · ·	-	\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	[\$	0
	Printing and Engraving Costs		Z	\$	100
	Legal Fees		Z	\$	5,000
	Accounting Fees]	\$	0
	Engineering Fees	[\$	0
	Sales Commissions (specify finders' fees separately)	_		\$	0
	Other Expenses (identify) telephone, postage, travel and other miscellaneous expenses		Z)	\$	1,000
	Total	[Z	\$	6,100

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	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." See footnote (2) to response	ing price given in response to Part C — Question Question 4.a. This difference is the "adjusted grosto Question 4.a.	S	s <u>4,033,900</u>			
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate an the payments listed must equal the adjusted gros	d	, ,			
			Payments to				
			Officers,				
			Directors, & Affiliates	Payments to Others			
	Salaries and fees						
	Purchase of real estate						
	Purchase, rental or leasing and installation of mac	hinery	_	_			
	Construction or leasing of plant buildings and fac						
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	. \$				
	Repayment of indebtedness		. 🗆 \$	[]\$			
	Working capital						
	Other (specify):		*				
			. 🗆 \$	[]\$			
	Column Totals		. Vs:4,033,90	ōō,□ \$			
	Total Payments Listed (column totals added)		. \\ \(\omega \) \\ \\ \\ \\ \	4,033,900			
		D. FEDERAL SIGNATURE					
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, upon writ				
Iss	uer (Print or Type)	Signature	Date ,				
Gu	If South Holding, Inc.	DI THAT	10/3	2_3 , 2008			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	•				
Day	vid M. Mettz	President and Chief Executive Officer of Gulf South Holding, Inc.					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)